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ABSTRACT

There has been a resurgence of interest in human ecosystems, attributable to the growth of community mental health centers and public sector funding. The first of two papers discusses human ecology models based on this resurgence. Implications for future development of the mental health area are presented with the challenge to integrate information, activities, and data through the use of a common conceptual framework. The second paper concerns ecotherapy--any clinical approach utilizing the ecological perspective in assessment, diagnosis or intervention. The human ecosystem, the unitary system of interaction between humans and their environment, is divided into structural levels (individual, interpersonal, familial, community, and cultural) and conceptualized in terms of the distribution and dynamic processing of energy or resources. Health in a family is defined as a measure of the ability of individuals to interface with the community. Mediation of needs and resources of individual members and the community is described as a function of the family structure. Implications and techniques for assessment, diagnosis, and intervention are also discussed. (Author/NRB)

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ECOLOGICAL MODELS: FAMILY SYSTEMS AND BEYOND
A SYMPOSIUM.

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ECOLOGICAL MODELS: FAMILY SYSTEMS AND BEYOND

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The term Human Ecology is generally traced to the work of Park and Burgess who established a center for ecological research at the University of Chicago in 1921. These early studies involved a direct transfer of concepts from general ecology to human behavior; Burgess' "urban zones" are based on the concepts of competition and succession in a biological ecosystem. But the ecological paradigm was never fully applied to practical mental health issues. Similarly, organismic and field theories in psychology were initially recognized as providing a more comprehensive model in which the individual and context are seen as part of a naturally occurring system; but application to clinical and community psychology has been limited. Brunswick's E-O-E arc in the area of learning theory was applied by Barker (1968) to what has come to be known as ecological psychology; the model had evident possibilities for practical application, but clinical and community mental health have continued largely in the traditional paradigm focusing on either intrapsychic or situational determinants of behavior.

Only in the area of family systems were concrete clinical techniques developed consistent with the view of an individual as part of a larger surrounding unit. To a degree this is understandable: the family is the most obvious and immediately accessible ongoing system which presents the clinician with evidence that behavior cannot be adequately understood by isolating individual and context. But the underlying ecosystemic paradigm has clear implications beyond the interaction of family and identified patient; and yet it has only recently been extended to focus on the individual and non-family contexts, for example in the work of Erickson, Watzlawick, Bandler and Grinder, Speck, Reuvini, and Hoffman. The obvious question is why, now, so much attention is being focused on the application of a variety of ecological

models and systems approaches to broad areas of clinical and community mental health.

I would suggest that there are several "reasons" for the current resurgence of interest in human ecosystems, all related to the growth of community mental health centers and public sector funding over the last two decades.

First, the development of community mental health centers forced us to look at the effects of the service delivery system itself on therapeutic outcome; the obvious differences in organizational structure and service delivery between state hospitals and community mental health centers lead to clear data on the effects of variables beyond the therapist-client dyad as determinants of treatment outcome. At the same time, new populations of clients were presented to the mental health practitioner: as we began to deal with geriatric mental health, substance abuse, sexual assault, child abuse and so on, it was no longer possible to conceptualize and implement treatment as if a clearly identified client could be labeled as pathological as the basis for a simple treatment of choice delivered by the practitioner to the patient.

Once these events had occurred, a second awareness was unavoidable: we could no longer separate clinical and community intervention. Both treatment and prevention were occurring within the same organization, within the same catchment area, and with the same staff participating in each process. When both clinical and community activities are intertwined, it becomes conceptually absurd to use two separate models of behavior and to separate pathology from normalcy, therapeutic techniques from institutional and community context, treatment from prevention, and the development of "psychopathology" from the area of human development in general.

This in turn leads to the realization that we have been using one set of techniques for what we term diagnosis, another for the evaluation of treatment outcome, another for program evaluation, and another for what we term "research." Unless we are dealing with the behavior of unrelated organisms, then clients, consumers, community members, and subjects are all human beings who interact with an external world.

Notice that each of the specific papers presented today provides a response to these issues. The paper by Shore and Mannino presents in a context which would allow the consideration not only of special populations and social issues but also preventative intervention. As Keeny's presentation clearly highlights, this does not necessitate separating pathology from other aspects of human behavior. Neither do the basic concepts presented defy systematic investigation; Jasnoski's presentation simply requires that the assessment process, clinical or research, consider all relevant aspects of the system.

Each presentation also illustrates a model which is common to living systems. The general ecological model assumes that living systems are open, i.e., that they are continually sustained by a process of interaction with the surrounding environment which can vary in amount, form, and site of exchange. Systems theories also assume organization, i.e., that energy is distributed in a consistent fashion..

Finally, living systems are structured; the consistency of the process of exchange creates observable units. Whether the structural unit is termed family, mental health center, or community, it can be assessed as a basis for intervention.

The concept of a system which is both open (an input dimension) and organized (an internal process dimension) implies what is termed a "dynamic equilibrium" model. The input dimension extends across levels of organization to sustain both the cohesion of the total system and the differentiation of the subsystems. The internal process dimension at any level of organization maintains both stability and change.

Insert Figure I here

In the case of the family system, for example, maintaining the norms and values of the molar family unit requires a sufficient investment of energy - suf-

ficient cohesion at the family level - and adequate stability - communication of "negative feedback loop" or system organizing messages. In Before Divorce, Bohannon describes this aspect of the family as nos: the time and effort invested in common "pursuits," those activities in which the individual's goals are secondary. Bohannon links the increasing incidence of divorce to sociocultural changes over decades. We no longer marry to spend a lifetime within a small, stable community or family farm setting shared by all; rather we move frequently, not only geographically but also in terms of changing roles and situations, each family member becoming more enmeshed in settings which are not shared by others in the family - different jobs, schools, friends, interests. Hume's research pinpoints time spent by suburban couples in interaction; excluding television, the average is 13 hours per week for parents of low adjusted and about 18½ hours for parents of high adjusted children.

Other aspects of the system's organization and structure reflect the input and internal process dimensions as well. For example, for a family to develop an adequate intrafamily structure - rules, roles, and procedures for daily living - the family must have adequate stabilizing feedback loops and adequate differentiation of individual members. For the individual to function effectively in system terms requires a congruent exchange between the needs of the person and the demands of the setting: adequate differentiation of individuals and adequate positive feedback or change mechanisms initiated by the person and impacting other aspects of the interpersonal process of the system. The interactive patterns and interpersonal process require both a sufficient capacity for change in sufficient cohesion to embed communication in a commonly accepted context.

But the same model could as well be applied to the relationship between a community mental health center and the surrounding community at a program evaluation level. For example, let us assume a single initial change in the relationship

between mental health center and surroundings: a reduction of input. Whether the reduction is in the form of reduced budget, fewer positions, decreased community support, or limited availability of high quality staff, the same general mechanisms should theoretically apply. Since less energy is available for distribution across multiple levels of the system, we would expect that mental health institutions with reduced support would be more likely to focus on mental health problems as originating and ending within the individual in contrast to viewing the problem as extending throughout the individual's interpersonal and community network. At a common sense level, it seems to be more efficient to conceptualize the problem in narrower intra-psychic terms when resources are limited. Second, since feeback loops would be generally reduced, we would expect a tendency to view pathology as chronic rather than investing the additional staff time and energy required to treat a set of behaviors as acute and as open to major and immediate modification. Third, since positive or change feedback loops appear to require considerable energy, we would expect that the system would react to pathology at the individual level but that the reaction would be largely in terms of administrative controls and procedures to manage behavior in contrast to a focus on developing new and updated patterns of service delivery or therapeutic programs in response to the changing patterns of client behavior and client populations. In short, we would expect at a program evaluation and service delivery level that the function of the system would constrict. In fact, this is a little studied but commonly observed event.

The model is also particularly relevant to selected special populations. An excellent example is provided in the area of geriatric mental health. For a geriatric population, two levels of the system are particularly critical. First, a large segment of the elderly population experiences diminished external resources: reduced income and occupational supports make the purchase of services more difficult.

At the same time, at the level of physiological subsystems within the individual, the elderly are particularly vulnerable to reduced sensory input problems - to difficulties with sight, hearing, physical mobility, and the like. Much of the focus in progressive geriatric mental health programs is on the interaction of this reduced physiological capacity with the diminishing of external resources and supports at the community level.

A similar complex interaction may be noted in ecological terms between areas which are traditionally considered clinical and community mental health. In mental health efforts with minority populations, it has been observed that the most effective supports for positive child rearing, socialization, and mental health practices are found in community support systems which provide access to education and employment, social interaction, and other positive participative experiences. However, when mental health problems are noted in a minority population the traditional response is to provide pathology oriented clinical services, for example to provide clinical mental health center programs. At an ecological level, what has been observed is a diminishing of the available ecological niches from which resources and positive patterns of participation can be obtained by the population: but the response is often to provide an additional niche in which the individual must be labeled as deviant and excluded from areas of community participation. We have described this in earlier research (Wilkinson and O'Connor, 1977) as the "complimentary niche" process. Where resources are limited for a particular population, the system is likely to provide niches, what might be very loosely termed new "roles," which allow two individuals to occupy the resource space otherwise alloted to a single individual; thus doctor and patient, therapist and client, helper and helped, are paired together in an institutional setting in which the professional is rewarded with the resources of the system and the object of the professional's efforts is

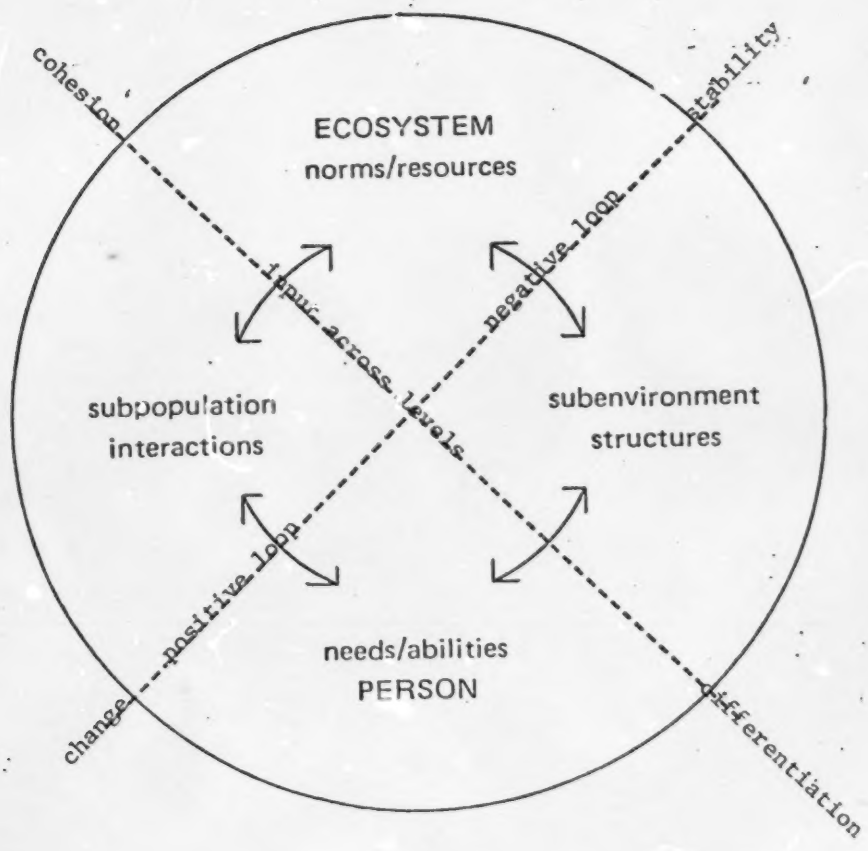
placed in a role which requires few additional resources. We have noted earlier that the economics of state hospital systems often reflect this process: the amount of budget available for staff salaries roughly approximates the median income of the catchment area multiplied by the number of clients served.

Each of the papers has commented on the problems which arise from dichotomizing pathology and normalcy. The mechanisms in the single family populations which I have just described are a clear illustration; a research interestingly enough indicated that mothers in extremely deprived circumstances and with severe limitations of resources engaged in a distinctive pattern of child rearing which appears to contribute to successful outcome on the part of the children. Specifically, they may spend less time than most families in the traditional nurturing and supportive activities internal to the family system: by contrast, they appear to spend more time and effort engaging or creating access to positive social settings within their immediately accessible surrounding community. Concretely, these mothers were more likely to spend time engaged in church or educational or social settings which provided access to their offspring. In cybernetic terms, their strategy is clear. By putting more "positive loop" energy into surrounding social systems, they created through their own efforts a variety of settings in which their offspring could effectively participate and gain both skills and resources from the community. The social competence and personal development of such offspring appear to contribute very significantly to their subsequent adjustment, social success, and mental health.

In summary, much of what has been clearly demonstrated in this symposium has clear implications for the future development of the mental health area. Most significantly, a common approach to individual diagnosis, program evaluation, and what we consider "hard" research is both possible and highly desirable. The distinctions between treatment and service delivery, clinical and community mental health, patho-

logy and normalcy, therapist and client: all of these have led us to assess and generate data in a fragmented fashion. The clear challenge lies in integrating our information, activities and data through the use of a common conceptual framework.

FIGURE 1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structures
positive loop
needs/abilities
PERSON
change
differentiation

ECOTHERAPIES: INTERVENTION WITH FAMILY AND CONTEXT INTERACTIONS

By

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Prepared for presentation at a Symposium entitled, "Ecological Models: Family Systems and Beyond," 88th Annual Convention, American Psychological Association, September 1-5, 1980, Montreal, Quebec, Canada.

ECOTHERAPIES

The term "Ecotherapy" refers to any clinical approach utilizing the ecological perspective in assessment, diagnosis or intervention. To explain these uses, we must first understand the basic unit of study in human ecology -- the ecosystem. As ecosystem is often described as a grouping of interdependent populations and environments which comprise a unitary system (Evans, 1956). From such a structural definition it is not readily apparent how this model can be applied to both clinical and community aspects of mental health. What must be recognized about the essence of the ecological perspective is that events are viewed at the most basic level not in terms of structure but in terms of energy (Odum, 1972). The interactive process of an ecosystem is that of a differential distribution of energy throughout the sybsystems and levels of organization of the system. The ecosystem's structural levels, i.e., individual, interpersonal, familial, community and cultural, need to be understood in terms of this dynamic process.

In a human system, "energy" does not distribute itself in a chaotic fashion. The action of an ecosystem is highly organized, and is typically described in terms of three key concepts: the levels of organization of the system, feedback loops, and the direction of energy flow (O'Connor, 1977). Levels refer to increasingly complex components in the system. They begin with the molecular physiological sybsystems of the organism and extend to the cultural and organizational frameworks and networks within which the individual behaves. Feedback loops refer to the cybernetic concept of action processes or paths; actions which produce change are conventionally termed positive loops, while processes which maintain and stabilize the system are termed negative loops. (What Watzlawick, Weakland and Fisch (1974) term first-order change may be seen as a negative loop, while second order change corresponds to a positive loop.) Direction of flow refers to processes which move up or down the levels of organization of the system. The family, for example, is a level of organization composed of individuals and

embedded in a network of relationships, institutions, social processes, and cultural context. Feedback loops or patterns of action exist in a family as it continuously changes but maintains its organization and stability. Finally, regarding directions of energy flow, events occur within the family system, between individuals and the family, and between the family and its surrounding context.

The input, or energy resources, from other levels of organization in the ecosystem to the family level can also vary in terms of form, amount and input site. These events influence the unitary on-going process of the entire ecosystem. For the family level, in order to observe for assessment and diagnostic purposes from an ecosystems perspective, we will first examine these external sources of energy and then look at the internal processes of the family.

Input Form

The form in which energy is utilized and the transformations of one type of energy for another (time spent working for salary, or money spent to purchase services) are the basic resources of an ecosystem. These resources are difficult to study in that we lack a basic energy unit or measure. Similar to electricity, the basic dynamic power is observable and measureable only in terms of its results or effects. We must assess the actions and resources in a human ecosystem indirectly by time, activities, money, or some more subtle form of human exchange. In terms of the effects of energy, it is clear that a family system or an individual can either function very well or be relatively impoverished with respect to a particular type of resource: too poor, too busy, too isolated, too uninformed, too ignored in the interaction process, too deprived of affection and stimulation, and so on.

Input Amount

Input amount or the energy resources within a living system are sometimes viewed as fixed. Freud saw the human energy system as a closed system. Bandler and Grinder (1975) suggest that, "People end up in pain not because their world is

not rich enough to allow them to satisfy their needs, but because their representational world is impoverished." Such a statement assumes variation in terms of internal utilization of a fixed amount of external resources; the individual's cognitive level of organization mediates the amount of energy within the system. But in an ecosystemic framework both internal and external sources of energy are viewed as variable. Just as there are variations among individuals, there are variations among environments. For instance, the level of community resources and the family level within the human ecosystem were studied by several of my colleagues at the University of Kansas. Hume, O'Connor and Lowery (1977) looked at the interaction of different types of community resources and family functioning with white suburban families and black single parent families in an inner-city environment. Suburban two-parent families would appear to have access to every conceivable resource; but, in fact, the relationship between some of these families and the surrounding community is rich in social and economic transactions, but relatively impoverished at the interpersonal and intimate levels (Hume, 1977). By contrast, the single parent in the inner-city may have few economic resources; but such families were frequently and remarkably successful in their functioning through the efficient use of interpersonal networks and resources in the immediately surrounding social context (Wilkinson and O'Connor, 1977).

The organizational level of an ecosystem can also influence input amount. Srivastava (1974), Bechtel (1979), Wicker (1968) and others have evaluated the relationship of individuals to their institutional context. In an inpatient mental health setting for example the resources available to patients and staff are different to an extreme.

Variability in the external level of an ecosystem's energy input is also supported by the life event stress literature. Too high a level of energy input is associated with stress; at the other extreme, a low level of input is typically

associated with rigid and constricted functioning (Klassen, 1977). Individual variation is response to the same amount of external stress or energy input also documents the interactive process between individuals and their environment in determining optimal energy amounts in the human ecosystem.

Thus we can see a variety of levels of organization can influence the energy available to and utilized by the human ecosystem. It is an open system, influenced by external resources as well as internal processes. In ecotherapy, assessment of energy amounts deals both with availability and utilization of all these resources. Resources need to be assessed on the various levels of functioning in the ecosystem -- the individual, interpersonal, familial, organizational or community, and cultural levels. The amount of time, level of satisfaction, problems, competence as well as resources are methods of assessing energy input on all these levels of ecosystem functioning.

Input Site

The site or specific locus of external input has also been considered in a number of ecologically oriented research efforts. Klassen (1977), Hall (1959) and Moos (1976), have all assessed areas of social functioning, or the interface between the individual and the environment. Time survey techniques suggest that individual activity patterns are related to specific types of setting: work, education, recreation, social organizations, public agencies, health, commercial, family, private, and transit settings (O'Connor, W., Klassen, D., and O'Connor, K., 1979). At a minimum, the clinician can assess an individual's subjective participation and objective proportion of time spent in such ecosystem areas. Client populations rarely present only symptoms for consideration; the typical public agency mental health client is likely to experience problems related to a wide array of these system areas. Input site needs to be considered in diagnosing and intervening where the problem might exist within the human ecosystem.

Assessing Intrasystem Process:
Level, Loops and Direction

Energy input from external sources clearly impacts a living system, andthus the family and the individual. But the process within a system can also contribute to or compensate for what might be viewed in the clinical context as a "problem" (O'Connor and Ahmed, 1979).

The exchange process between levels provides an illustration: an important function of the family system is to translate the general norms of the society and the values of the family into clear and reasonable rules for daily living. Where there is an ongoing conflict or serious discrepancy between the values of the social context and of the family or between the parents, we typically observe families in which day to day living is chaotic, unpredictable, and unstable. For the children of such families, there appear to be no general values related to human behavior: right and wrong are here today and gone tomorrow, depending upon who is "in power" or who observes the particular behavior. In such a situation, it can be perceived as best to seize whatever gratification is immediately available: we traditionally diagnose such individuals as antisocial or sociopathic.

We can also observe systems in which the rigid role requirements are clearly incongruent with the needs and experiences of the individual. Where the role becomes disproportionately more important than the person, the experience of the individual is likely to involve what we describe in clinical language as anxiety or guilt, the critical symptoms in a neurotic diagnosis.

We also commonly observe individuals who have difficulty taking action and translating their own needs and skills into the interaction process within a social network. The individual behaves as if he or she can have little impact on the surrounding world, cannot influence the outcome of events, and must inevitably remain deprived or unhappy or powerless; we may label such individuals dependent or depressed.

For yet others, the process of interaction and communication is somehow incongruent with the general norms for social behavior; the individual's actions, feelings, thoughts, and words do not "make sense" to others. We can understand that the individual is unhappy or angry or some other common human condition, but cannot accept the individual's experience of that process as resulting from "plots," or martians or voices which others do not hear. We label an individual psychotic because they seem unaware of cultural norms or unable to translate their experiences into consensually validated modes.

Viewed from the perspective of feedback loops, a negative, or system-maintaining loop coming from a larger system such as a family to the individual can be the focal point of what either the identified client or clinician views as a dysfunction. A congruent transfer of information is necessary for an individual to understand and follow the rules of the surrounding social context and to make those rules "fit" her/his needs and abilities sufficiently to experience some degree of freedom, autonomy, and personal comfort. It is also clearly necessary to be able to experience positive or change loops; to fail to be able to impact the world in one's personal experience, or to impact it in a way in which others experience as disturbed, is ineffective in a systems context.

The mutual interplay of person and surrounding systems also involves what we have described as directions of process. That is, the larger system such as a family can fail to effectively accomodate the individual, but the individual can also fail to effectively impact his or her surroundings, including the family system.

A Model for Clinical Process Intervention

The family is an excellent example of the processes to be assessed. Ordinarily, two individuals with some appreciation of social convention form what is termed a family through a process called marriage, accompanied by a great deal of social ritual. With certain common goals and values, they are able to create between

themselves and with their surrounding networks certain rules for daily living. The rules fit the individual, and allow an ongoing process of communication and interaction, which allows change and the development of a cohesive unit between the couple: they talk, they live, they experience each other, and in the process further define goals and expectations and common values. As children are born to individuals involved in this system process, the experience is similar. The values of the parents and the society are translated into rules and expectations, allowing the child a role which "fits," and which is comfortable and reasonable, given the child's developing needs and skills. Such an individual knows how to appropriately impact his or her surroundings and how to interact in a way which is accepted and understood by others.

Health, in the ecosystem context, refers to a total system pattern (O'Connor and Ahmed, 1979). In a family, health is measured by its ability to interface effectively with the individual members and with the larger community. Effective interfacing means simultaneously meeting individual and community needs through efficient energy processing.

To oversimplify somewhat, we could imagine that some typical amount and type of energy, such as human communication or information, flows from the family and its social context into individual roles and rules which then allow the individual to interact within the context of the surrounding system. To again emphasize a point, the process is not simple. Individuals refuse to accept roles, rules and procedures become enshrined as values, interpersonal events do not always flow from the individual and contribute to social cohesion, and so on. Clearly, if we must operate in the clinical setting, we can view dysfunction from a systems perspective. We can assess the instability of behavior which results from poor transactions between the surrounding network in the specific roles assigned individuals, from the personal distress which results from roles and rules which do not fit the individual's experience, from the distress which results from experiencing an inability to

translate one's experiences to action, and from the chaos which results from behavior which others view as not tied to a "reality" achieved by consensus.

Intervention Choices: An Alternative Framework

The critical point with respect to assessment in an ecosystemic framework is this: we are not really assessing an individual, but are assessing interaction processes within the ecosystem of interest. In concrete terms, we are no longer simply assigning a label to the individual, but attempting to understand the system processes in which we, as therapists, are a part over the entire course of the intervention we term therapy. The reason for assessment is not to diagnose the individual, but to provide relevant system information with which therapeutic decisions and choices can be made.

A second critical point must be made with respect to an ecosystemic framework: the purpose of such framework is not to discard all existing therapeutic technique. Rather, the critical dilemma which has confronted clinicians is that we often apply techniques because we know how to apply techniques, not because we have a basis for choosing a particular intervention at a particular time with a particular client. Our discipline's outcome research shows that a virtual mountain of therapeutic approaches can be supported, but our overall effectiveness in treatment outcome terms is more clearly at the molehill level. I would suggest that this is not because of some intrinsic failure of technique, but because the congruence between clients' needs and therapeutic techniques is rarely effectively assessed.

The various linguistic and cognitive techniques, which are frequently applied in family therapy, may be quite effective where the basic "bottle neck" or focus of difficulty in the system involves a relationship of the individual to the immediately surrounding network (Bandler and Grinder, 1975; Bateson, 1976). Non-directive approaches may also be effective at this level: some individuals enter the therapeutic context ambivalent about known choices to problems (Rogers, 1951). The

essential task of the therapist is to provide some energy input in terms of positive support and to essentially "stay out of the client's way" with respect to the decision-making process. Behavioral techniques may also be appropriate at this level: an individual who has already labelled a fear as a phobia, and has already chosen to live without thatfear is probably quite likely to "succeed" with a simple and straightforward behavior modification approach. These are what O'Connor (1977) has termed overt therapeutic contracts; the client and therapist agree on a definition of the problem, and the client then proceeds to deal with the problem while the therapist meets the client's expectations of therapy.

But the assessment process may also result in a perception of potential interventions with other aspects than the individual client. The therapist may choose to work with the family as a system or with a network of interpersonal relationships which are critical to the client. The technique chosen may reflect this assessment in an obvious way, as in the case of family and network therapies, or may be less obviously aimed at impacting the interaction of client and surroundings (Haley, 1971; Speck and Rueveni, 1969). For example, some of the insight or group dynamic techniques may be focused on inducing change in the way the client relates to others outside the therapeutic setting. Where the therapist chooses techniques to modify the client's existing role-related behaviors or recurring patterns of interpersonal behavior, the essential focus of the clinical intervention is based on an assessment of difficulties in the transfer process between individual and immediately surrounding systems.

In some cases, an ecological perspective and corresponding assessment may suggest an intervention aimed at a very molar system level -- even the entire "society." I believe we make this choice more often than is immediately obvious, for example, when we carefully select a benign diagnosis so that the client becomes both eligible and acceptable to the society at large, or when we see that a client receives some educational or vocational credentialling to give that individual more access to

resources, or when we become involved in any legal process related to the client. Techniques and basic understanding are most clearly limited with respect to this level of the system; after all, we have been following a paradigm for decades which places the locus of dysfunction within the individual.

Final Comment

The models, concepts, and specific recommendations with respect to both assessment and therapeutic intervention are of necessity oversimplified in this paper. But the intent of the paper is to illustrate a perspective, a way of seeing or viewing events. The summary position of my presentation is simply this: to attempt to understand and intervene in human affairs based on a model applicable to living systems interacting with the environment is preferable to the position in which we have been fixed for several decades in the social sciences. The essential model on which trait theories are based was applicable a century ago to inorganic chemistry: what was observed were static properties which were viewed as the nature of the substance. The basic model on which situationist and behavioral techniques are based was applicable in the time of Newton; physics consisted of a set of laws describing how objects were propelled by external forces. Since the inception of quantum physics, relativity theory, molecular biology, and the understanding of the genetic code, we have understood that the universe is composed of increasingly complex energy systems. So are we.

REFERENCES

Bandler, R. and Grinder, J. The structure of magic I. Palo Alto, California: Science and Behavior Books, Inc., 1975.

Bateson, G. Forward: A formal appraoch to explicit, implicit and embodied ideas and to their forms of interaction. In Sluzki and D. Ransom (eds.) Double bind: the foundation of the communications approach to the family. New York: Grune and Stratton, 1976.

Bechtel, R. The undermanned environment: a universal theory? EDRA, 5, 227-44, 1974.

Ellis, A. Humanistic psychotherapy. New York: The Julian Press, inc., 1973.

Evans, F.C. Ecosystem as the basic unit in ecology. Science, 1956, 123, 1127-1128.

Haley, J. Family therapy: a radical change. In J. Haley (ed.), Changing Families. New York: Grune and Stratton, 1971.

Hall, E.T. Mental health research and out-of-awareness cultural systems. Anthropological Studies: Cultural Illness and Health. Washington, D.C: American Anthropological Association, 1973, 97-103.

Hume, N. Family adjustment and the psychosocial ecosystem. Doctoral dissertation, University of Kansas, 1976.

Hume, N., O'Connor, W., and Lowery, C. Family admustment and the psychosocial ecosystem. Psychiatric Annals, 7, 7, 345-55, 1977.

Klassen, O. Person, setting, and outcome in a drug abuse treatment program. Psychiatric Annals, 7, 8, 80-104, 1977.

Moos, R. The human context: environmental determinants of behavior. New York: John Wiley and Sons, Inc., 1976.

O'Connor, W.A. Ecosystems theory and clinical mental health. Psychiatric Annals, July, 1977, 7, 7, 63-72.

O'Connor, W. and Ahmed, P. Psychosocial dimensions of drug abuse. In Ahmed, P. and Coelho, G. (eds.), Toward a new definition of health, New York: Plenum Press, 1979.

O'Connor, W.A., Klassen, D., O'Connor, K.S. Evaluating human service programs: psychosocial methods. In Ahmed, P. and Coelho, G. (eds.) Toward a new definition of health. New York: Plenum Press, 1979.

Odum, E. Ecosystems theory in relation to man. In Weins, J. (ed.): Ecosystem structure and function. Corvallis, Oregon: Oregon State University Press.

Rogers, C. Client-centered therapy. Boston: Houghton Mifflin, 1951.

Schutz, W. Joy. New York: Grove, 1967.

Speck, R.V. and Rueveni, V. Network therapy - a developing concept. Family Process, 1969, 8, 182-191.

Srivastava, R. Undermanning theory in the context of mental health care environments. EDRA, 5, 245-58, 1974.

Watzlawick, P., Weakland, J.,and Fisch,R. Change. New York: W.W.Norton and Company, Inc.,1974.

Wicker,A. Undermanning, performance, and students subjective experiences in behavior settings of large and small high schools. J.Per.Soc.Psychol.,10, 255-61, 1968.

Wilkinson, C. and O'Connor, W. Growing up male in a black single parent family. Psychiatric Annals,7, 7, 356-62,1977.